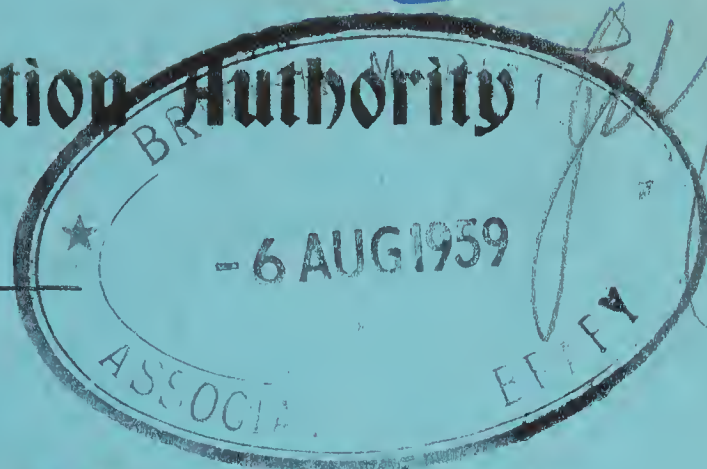


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Isle of Man Education Authority



# ANNUAL REPORT

of the

## Principal

# School Medical Officer

# 1958



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S. V. CULLEN, M.B., Ch.B., D.C.H.  
*Principal School Medical Officer*

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Printed by Victoria Press Limited,  
Martins Bank Chambers,  
45 Victoria Street, Douglas, I.O.M.



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# SCHOOL HEALTH REPORT

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TO THE CHAIRMAN AND MEMBERS OF THE ISLE OF MAN EDUCATION  
AUTHORITY.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report on the work of the School Health Service during the year ended 31st December, 1958.

There were some staff changes during the year. Mrs. H. Parry who succeeded Miss F. Caine commenced duty on January 1st. Mrs. D. Christian who was on the clerical staff from 1944 resigned her full-time appointment in April for domestic reasons but remained in a part-time capacity until the end of July. During her long service she always carried out her duties with efficiency and understanding. Miss E. A. McGrath and Miss L. Stuart commenced duty in August as Junior Clerks.

On the Dental side, Mr. R. D. Tinker was appointed as a full-time Dental Officer in February. Mr. P. G. Black resigned from his sessional appointment in the same month and in November Mr. H. C. Magee was appointed as a part-time Dental Officer on a sessional basis. On the resignation of Mrs. J. Mylchreest as part-time Dental Attendant, Miss B. K. Maddrell was appointed to succeed her and Miss M. A. Leather commenced duty in November when Miss Maddrell resigned.

I take this opportunity again to thank the staff; Dental, Nursing, and Clerical, for their help throughout the year and in particular I should like to thank Dr. K. M. Vernon for her valuable assistance.

To the Director of Education, Mr. H. C. Wilkinson, and the members of his staff I am grateful for the advice and co-operation essential to the efficient running of a service which is so much a part of the educational system.

To Mr. H. L. Fletcher who retired from his position as Director of Education during the year we wish a long and happy retirement. His wise counsel and unfailing willingness to help were always very much appreciated.

Thanks must also go to the Head Teachers and Teaching Staffs and to the Medical Practitioners and Hospital Staffs for their continued co-operation throughout the year.

Finally, Mr. Chairman, Ladies and Gentlemen, my thanks are due to you for your help and encouragement and in particular to the Chairman and Members of the Medical Committee for their consideration and support.

I am, Mr Chairman, Ladies and Gentlemen,

Your obedient servant,

S. V. CULLEN,

Principal School Medical Officer.



# Isle of Man Education Authority

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## SCHOOL HEALTH SERVICE

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### Report for Year 1958

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#### STAFF

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##### FULL TIME.

Principal School Medical Officer :

S. V. Cullen, M.B., Ch.B., D.C.H.

School Nurses :

Miss E. H. Quirk, S.R.N., S.C.M., R.M.P.A.,  
H.V.

Miss D. C. Qualtrough, S.R.N., S.C.M.

Miss M. Patrick, S.R.N., S.C.M., H.V.,  
Q.N.

Mrs. H. Parry, S.R.N. (From 1/1/58).

Principal School Dental Officer :

Kathleen E. Smith, B.D.S. Hons., L.D.S.

School Dental Officer :

R. D. Tinker, L.D.S. (From 17/2/58).

Dental Attendants :

Miss D. M. Crellin.

Mrs. C. Hotchkiss.

(Part-time until 17/2/58).

Miss E. Jackson. (Resigned 1/11/58).

Miss I. E. Smith. (From 7/11/58).

Clerks to the Medical Department :

Mrs. D. Christian.

(Resigned 30/4/58).

Part-time until 31/7/58).

Miss V. Devereau

Miss L. Stuart. (From 1/8/58).

Miss E. A. McGrath. (From 18/8/58).

##### PART TIME.

School Medical Officer :

Kathleen M. Vernon, B.Sc., M.B., Ch.B.

School Dental Officers :

H. Fox.

J. C. Curphey, L.D.S., R.C.S. (Eng.).

C. D. Roe.

J. H. Cain L.D.S., R.C.S.I.

P. G. Black, L.D.S., R.C.S.I. (Until 2/58).

H. C. Magee, L.D.S. (From 24/11/58).

Dental Attendants :

Mrs. J. Mylchreest, S.R.C.N.

(Resigned 8/4/58).

Miss B. K. Maddrell.

(From 24/3/58 to 29/11/58).

Miss M. A. Leather. (From 24/11/58).

##### CONSULTANTS.

Aural Surgeon :

W. M. Owen, F.R.C.S., D.L.O.

Ophthalmic Surgeon:

Dorothy Barton, M.B., Ch.B., D.O.M.S.

Orthopædic Surgeon:

H. G. Almond, M.Ch. (Orth.), F.R.C.S.

Radiologist :

B. B. Harrison, M.B., Ch.B., M.Rad.,  
D.M.R.D.

PHYSIOTHERAPIST :

Miss A. J. Caine, M.C.S.P., H.T.

## PRELIMINARY.

Despite the Welfare State and the National Health Service where the services of general medical practitioners, specialists, and hospitals are everywhere available without charge, the fact that there is a continuing need for the medical supervision of school children by periodic inspection is shown by the list of defects discovered, many of which were not under treatment and of some of which the parents were unaware.

The preservation of the health of the school child is the principal aim of the School Health Service and has been one of the factors that has contributed so much to the improvement in child health but the School Health Service is concerned not only with the physical health of the school child but also with mental health. The improvement in the health of school children allows School Medical Officers to give more attention to mentally handicapped and emotionally disturbed children.

The Education Act, 1949 (Isle of Man) defines the duty of the Authority in this matter and, in order to clarify any ambiguity which may exist, it may be as well to quote the relevant section of the Act. Section 89 (1) states:

“If it appears to the Authority that any child who has attained the age of two years is suffering from a disability of mind of such a nature or to such an extent as to make him incapable of receiving education at school, it shall be the duty of the Authority by notice in writing served upon the parent of the child to require the parent to submit him for examination by a medical officer of the Authority . . .”

Section 89 (3) reads:

“If, after considering the advice given with respect to any child by a medical officer in consequence of any such medical examination as aforesaid and any reports or information which the Authority are able to obtain from teachers or other persons with respect to the ability and aptitude of the child, the Authority decide that the child is suffering from a disability of mind of such a nature or to such an extent as to make him incapable of receiving education at school, it shall be the duty of the Authority to issue to the Mental Hospital Board a report that the child has been found incapable of receiving education at school:

Provided that, before issuing such a report with respect to any child, the Authority shall give to the parent of the child not less than fourteen days' notice in writing of their intention to do so, and if within that period the parent refers to the Board the question whether such a report should be issued, the report shall not be issued except by direction of the Board.”

The decision to exclude a child permanently from school as ineducable is never made lightly. Only after the study of reports from the teaching staffs and after the opinion of a Consultant Psychiatrist has been sought is the decision made. Even after the certificate is issued the parent may appeal to the Board of Education who may arrange for the examination of the child by an independent medical officer.



In the absence of a daily Occupation Centre one is loath to exclude a child permanently from school unless his disability is such that the education of other children is being seriously hampered. Occupation Centres train mentally handicapped children to make the best use of their limited powers so that they may eventually adapt themselves to society and contribute something, however small, to the community.

Among the special examinations which the School Medical Officers are asked to carry out are those made at the request of the Magistrates of the Juvenile Court and the Probation Officer. The Chief Medical Officer of the Ministry of Education in his report for the year 1956-1957 stated "since the School Health Service is essentially a branch of preventive medicine it cannot ignore the challenge of the delinquent school child."

Thirty-eight-point-six per cent. of detected crimes in 1958 in the Isle of Man related to juveniles and is less than in 1957 and less than it has been for several years. It is noted, however, that the bulk of offenders fall into the age group 11-15 years. Between these ages rapid changes are taking place in the child. He is maturing physically, mentally, and emotionally and is most susceptible to influences both in his own home and outside it. A large number of delinquent children are emotionally disturbed because of situations which have arisen in their own homes. Sometimes domestic discord, lack of affection, and occasionally the fact that both parents are out working all day will have harmful effects on the child and he will become a potential delinquent. Some come from the so-called "problem families," and many of them are backward both in intelligence and attainments. The treatment of juvenile delinquency is not easy but there is no doubt that in most cases the fault lies in the home and with the parents.

Birching of delinquents was re-introduced in the Isle of Man in 1952. Whether this has had a deterrent effect is difficult to say—while seven boys were birched in 1957, only one was birched in 1958. From talks over the years in schools with boys who have been birched, it would appear that their dignity rather than their impudence has been damaged. One boy who had had the birch swore he would never offend again but very shortly afterwards he was again sentenced to be birched and a very short time later committed further offences and was sent to an approved school. Preventive rather than punitive treatment would appear to offer more hope for the reduction of delinquency amongst children.

The Children's Committee of the Education Authority continues to play a special part in the supervision of children from problem families and of those committed to the care of the Authority. The holding of case conferences to which are invited representatives of those concerned with the welfare of children is of inestimable value.

Since the last Annual Report was published, it is pleasant to be able to report that a Consultant Pædiatrician has been appointed to the staff of Noble's Hospital. Dr. Keidan sends copies of reports on all the cases he sees at his clinic to the School Health Service so that, if necessary, these children can be placed under supervision in school.

Attendance by children and parents at clinics held by visiting consultants continues to remain high and the numbers on the waiting lists have



been reduced almost to nil. In the case of the Consultant Ophthalmic Surgeon this has only been possible by temporarily increasing the number of sessions available to children. However, the waiting list for operations is directly dependent on the number of hospital beds available for children at a given time.

The appointment of Mr. R. D. Tinker as a full-time Dental Officer and the continued assistance of the part-time Dental Officers enabled the Dental Department to treat a greater number of children than in 1957. The Principal School Dental Officer has pointed out in her report one of the ways in which an even greater number of children could be treated.

Finally, it is at last possible to report that a new clinic is in course of construction and should be ready for occupation during the latter part of 1959. Situated in Murray's Road, it is within reasonable access of all the Douglas schools and will provide the same facilities that the present clinic provides but in a better building.

#### **SCHOOL ACCOMMODATION AND HYGIENE.**

I am grateful to the Works Inspector for the following report:—

“During 1958 the following schools were painted externally: Onchan, Willaston, Ballasalla, High School for Boys (St. Ninian's), High School for Girls (Park Road), and Peel Youth Centre.

The High School for Girls (Park Road), Tynwald Street, Santon, Kirk Michael, Bride, Sulby, Arbory, St. Mary's R.C., Kewagie, Laxey, Ramsey Grammar (Junior Department), St. Thomas' C.E. Schools and the College of Domestic Science were partially or wholly decorated internally. Re-decoration was also carried out on the school kitchens or dining rooms at Albert Road, Victoria Road, High School for Boys (St. Ninian's), Rushen, Ballakermeen, and Laxey Schools.

Foxdale School House was entirely re-roofed and the existing drainage connected to the public sewer. Further sanitary improvements were carried out at Braddan School. At Ramsey Grammar School (Senior Department), the complete renewal of the waste water preventors was carried out. Indoor sanitation and the provision of a bathroom was completed at Patrick School House.

Several decayed windows at Arbory and Kirk Michael Schools were replaced with new windows of a more modern design to give increased ventilation. Extensive renewal of laboratory sinks, taps and waste pipes was carried out in the senior chemistry laboratory at the High School for Boys (St. Ninian's). Oil burning apparatus was installed at the College of Domestic Science, Rushen Primary School, the High School for Girls (Park Road), and Arbory School. New heating boilers together with additional radiators were installed at Sulby, Andreas, Kirk Michael, and St. Maughold's R.C. Schools. Improvements to electric lighting were carried out at St. Mary's R.C. School.

Macadamizing of playgrounds, partially or wholly was carried out at the following schools: St. John's, Dhoor, Ballaugh, Sulby, Pulrose Infants', and Ballakermeen.

In the following schools a certain amount of renewal or modernisation of furniture and equipment was carried out:—

Albert Road School:	Desks, stock cupboards, built in cupboards.
Tynwald Street School:	Desks.
Victoria Road School:	Desks.
Marown School:	Infants' tables and chairs.
Santon School:	Infants' tables and chairs.
Rushen Primary School:	Piano.
Ballakermeen School:	Desks and chairs, laboratory stools.
High School for Boys (St. Ninian's):	Desks and chairs, laboratory stools.
Ramsey Grammar School:	Desks and chairs, stock cupboards.
Castle Rushen High School:	Desks and chairs, stock cupboards.
High School for Girls (Park Road):	Desks and chairs, stock cupboards."

#### MEDICAL INSPECTION.

As in previous years, four groups of children were examined at routine inspections. Whilst the important examinations are the five-year-old and the 15-year-old examinations, it has not been considered necessary or practicable to modify the intermediate examinations. Although the health of children has so much improved, it is felt that a complete assessment of each child's health at the age of eight and the age of twelve is still essential.

The total number of periodic examinations carried out was 2,544 an increase of 197 compared with the previous year. This increase was most apparent in the twelve and fifteen-year-old groups.

Seventy-six children, of whom 18.42% required some form of treatment, were examined outside the normal age groups.

Four-point-four-four per cent. of the five-year-olds, 7.32% of the eight-year-olds, 6.54% of the twelve-year-olds, and 4.88% of the fifteen-year-olds required treatment. The total number of children in all age groups requiring treatment was 159 or 6.25%.

The number of re-inspections, i.e. follow-up examinations of children who at previous periodic or special examinations had some defect requiring treatment or observation was 4,432.

Special inspections which are inspections carried out at the request of parents, teachers or school nurses numbered 728.

Parents continued to co-operate well in attendance and interest and 1,741 or 68.43% were present at periodic medical examinations.

#### PHYSICAL CONDITION.

The general condition of children continued to be classified into two groups "Satisfactory" and "Unsatisfactory." Only two children out of a



total of 2,544 examined in the routine age groups were considered unsatisfactory.

The average heights and weights of the children examined in periodic age groups were as follows:

	Number examined	Height in inches	Weight in pounds
Eight-year-old boys .....	327	50.169	53.832
Eight-year-old girls .....	315	49.752	51.076
Twelve-year-old boys .....	360	57.144	85.228
Twelve-year-old girls .....	343	57.898	87.307
Fifteen-year-old boys .....	229	65.067	119.793
Fifteen-year-old girls .....	263	62.930	118.776

Compared with 1957, there was very little variation in the heights and weights and there does not appear to have been any significant change in the last few years.

**MINOR AILMENTS.**

The number of individual cases treated at the Minor Ailments Clinics was 9,093—slightly less than in the previous year and the number of attendances, 13,187, showed a corresponding decrease.

The Minor Ailments Clinic is essentially a nurse’s clinic for the treatment of the lesser childish ailments but it gives ample scope for individual health education which can there be given to the children and parents in a friendly, informal manner. More serious cases are seen by the School Medical Officers and, if necessary, referred to the family doctor.

All clinics are held on school premises except the one at the headquarters of the School Health Service in Tynwald Street. Clinics are held in the mornings at the Tynwald Street Clinic and in the afternoons at Ballakermeen School, and at Albert Road, Ramsey Grammar, Laxey, Peel, Victoria Road, Castle Rushen, Andreas and Rushen Schools.

**UNCLEANLINESS.**

During 1958, the School Nurses carried out 31,807 examinations of children for cleanliness; 7,559 children were examined and of these 228 or 3.02% had some degree of infestation. Whilst the percentage infested ten years ago was 11.17, the present percentage although still below that in England and Wales (4%) is still too high for the Island.

The School Nurses made 210 visits to the homes of children who were under observation in order to give advice to parents. Head shampoo is available at the School Clinic for use by children and other members of the family who may be infested. Only by close co-operation between parents and school nurses will this social nuisance be controlled or eradicated.

**VISUAL DEFECTS AND EXTERNAL EYE DISEASE.**

Two hundred and ninety-six school children and 60 pre-school children were examined by the Visiting Eye Specialist and of these 22

children of school age and five pre-school children were referred for operations all of which, with one exception, were for the correction of squint.

During the year, 20 children, five of whom were below school age, were admitted to St. Paul's Eye Hospital, Liverpool for operative treatment for squint.

The Visiting Eye Specialist devoted 54 Consultation Sessions at Noble's Hospital to the examination of children and 169 children were ordered glasses.

Four hundred and four eye examinations were made by the Principal School Medical Officer; 398 of these were refractions and six children previously refracted were re-tested by the subjective method. The number of glasses ordered was 135.

Seven hundred and nine eye conditions of a minor nature were treated by the School Nurses at the Minor Ailments Clinics.

Twenty-six children suffering from eye conditions other than errors of refraction were seen by the Eye Specialist and three children had minor eye operations at Noble's Hospital.

During the year, supplementary consultation sessions were given by the Eye Specialist and by the end of 1958 the list of children awaiting appointments with Mrs. Barton had been greatly reduced. It is not possible, however, to say the same for children awaiting operations at St. Paul's Eye Hospital. Twenty operations were performed during 1958 as compared with 27 children referred for operative treatment and it is clear that the waiting list will continue to build up unless some method of decreasing it is found. Urgent cases do receive priority but the non-priority cases must take their turn with children from the Liverpool area already awaiting admission to St. Paul's Eye Hospital.

Last year's report referred to the provision of stereoscopes for the use of children suffering from squint. The Visiting Eye Specialist, Dr. Dorothy Barton, states: "After a further year's working with the stereoscopes, I am very satisfied with the results achieved."

#### **EAR, NOSE AND THROAT DEFECTS.**

Mr. W. Mervyn Owen, the Ear, Nose and Throat Surgeon, made 13 visits during 1958 and 11 consultation sessions and 11 operation sessions were held. One hundred and sixty-nine school children and 22 pre-school children were examined and the total number of examinations made was 211.

Mr. Owen performed 62 operations at Noble's Hospital. Seven of these were on children of pre-school age.

- 30 Removal of tonsils and adenoids
- 19 Removal of adenoids only
- 13 Other operations on the ear, nose, or throat.



Twenty-seven children were referred by the School Medical Officers to Noble's Hospital for operative treatment and the School Health Service was informed of another nine children who had been referred direct to the hospital by General Practitioners.

One boy of pre-school age was referred to Professor Ewing at Manchester University and subsequently recommended for a hearing aid. One girl was referred to Liverpool for special hearing tests and later received radiotherapy at the Liverpool Radium Institute. Two children were admitted to Clatterbridge Hospital for operation.

The School Nurses treated 523 aural and 479 nasal conditions of a minor character at the School Clinics.

I am indebted to Mr. Owen for the following report on the work of the E.N.T. Clinic:—

“ The consultation clinics were again characterised by the regular and practically 100% attendance of children and parents. The large majority of consultations was for diseases of the tonsils and for adenoids and of the sinuses.

Two cases of an unusual and rare condition were seen and treated during the year.

The first case, that of a boy of 12, was first seen by the General Surgeons and referred for opinion because of a tumour on the soft palate. The diagnosis was at first puzzling and a portion removed for examination was reported by the Pathologists in Liverpool to be a type of tumour with a good prognosis and amenable to surgical treatment. The rapid disappearance of the tumour after only a moderate dose of radiotherapy put the diagnosis in doubt and this doubt was soon justified by early recurrence of the tumour with symptoms and signs of spread to the lungs and spine. It was obvious that the patient was suffering from a malignant condition and the disease ran the rapid course usually associated with malignancy in young people. The final diagnosis was lympho-sarcoma.

The second case had a happier outcome. A child with a tumour in the naso-pharynx which was considered to be a naso-pharyngeal fibroma and which is frequently associated with severe and often torrential hæmorrhages was seen early and there had been only two incidents of hæmorrhage. The condition is amenable to surgical treatment and the boy was transferred to Clatterbridge Hospital where removal of the tumour was successfully carried out. He has remained well since with no evidence of recurrence.

Once again it is a pleasure to pay tribute to the willing co-operation and assistance received from all concerned in the organization of the School Clinics.”

#### **TUBERCULOSIS AND CHEST CONDITIONS.**

The co-operation of the Tuberculosis Officers and the staff of the Chest Clinic in continuing to send reports on children examined is very much appreciated. These reports are most helpful and enable the School

Medical Officers to maintain regular supervision of the children concerned. During the year reports on 85 school children and three pre-school children were received.

Two children were admitted to hospital at Leasowe: one with abdominal tuberculosis and the other with purulent bronchitis which was suspected to be tuberculosis when the child was admitted. Another child who had been under treatment for tubercular neck glands was admitted to Leasowe for a month's convalescence.

Fourteen candidates for Teachers Training Colleges were X-rayed at Noble's Hospital and found to be free from disease of the lungs.

During 1959, it is proposed to offer vaccination by B.C.G. to children between the ages of 13 and 15. The parents of these children will be asked for their consent to the preliminary skin test and vaccination if the skin test proves to be negative. It is hoped that as many parents as possible will avail themselves of this opportunity to have their children protected against tuberculosis.

#### THE SCHOOL DENTAL SERVICE.

I am obliged to Mrs. K. E. Smith, Principal School Dental Officer, for the following report on the work of the School Dental Service:—

“During the year 1958 all the schools were dentally inspected when 6,904 children were seen and out of these 4,691 were found to require dental treatment.

The 974 emergency cases which attended during the year again showed a decrease on the previous year's figure. Two-hundred and seventy-six pre-school children attended for treatment.

In every other aspect of the work, the totals show an increase mainly due to more sessions being available for treatment. Most notable were the 74 orthodontic cases commenced during the year and the 36 cases carried over from 1957. Forty-three of these cases were completed. Although this is a very time-consuming type of work, it is very rewarding in the gratitude of patient and parent alike.

The section headed other operations in Table V of the statistics includes a host of items such as the administration of local anæsthetics, the scaling and polishing of teeth, fitting of crowns to broken front teeth, root-filling front teeth, the taking of X-rays, easing and adjusting dentures and orthodontic appliances, and the insertion of dressings and linings under fillings.

Early in 1958 a piece of equipment for cavity preparation became available to the dental profession. Called the dental air turbine, it is capable of producing speeds up to 50 times those produced by the usual electric motor. It greatly reduces the discomfort of cavity preparation by eliminating vibration and pressure and consequently also can eliminate the need for a local anæsthetic in many cases. Added to these advantages, the working time in the mouth is greatly reduced. All these factors make it very desirable in the treatment of children where one must try to make cavity preparation—a ‘dreadful ordeal’ for some—as painless and as brief as is within one's power.”



## ORTHOPÆDICS.

During 1958, Mr. H. G. Almond, the Consultant Orthopædic Surgeon, made 11 visits to the Island's School Clinics. Three hundred and fourteen individual children were examined and the total number of examinations made was 627. Six domiciliary visits were made to a child so handicapped that she was unable to attend the clinic.

Twenty-six operations were performed by Mr. Almond at Noble's Hospital, 18 of these were for the correction of deformities of the feet or toes and eight for various other conditions. Two boys were admitted to Broadgreen Hospital, Liverpool for operation.

In addition to the operation cases, five children with orthopædic conditions were patients in the Children's Ward at Noble's Hospital during the year. Two boys with Perthé's disease who had been admitted in 1957 were discharged during the year. Three pre-school children suffering from congenital dislocation of the hip who were admitted during the year were still in hospital at the end of the year.

Miss Caine, the physiotherapist, treated 203 children at the After-Care Clinics at Castletown, Peel, Ramsey, and Douglas; 3,416 treatments being given. Four hundred and ninety-seven treatments were also given by Miss Caine to children at Noble's Hospital.

I am grateful to Mr. Almond for the following report on the Orthopædic Service:—

“The Orthopædic Clinics at Castletown, Ramsey, and Tynwald Street have continued as usual, and the attendances have been most satisfactory. It is pleasant to have all the children at a School Clinic rather than have them mixed up with the hurly-burly of the large hospital Out-patients Departments with their complications of waiting lists, etcetera.

Miss Caine, the physiotherapist, and the Medical and Nursing Staff have given their usual first-class assistance.”

## INFECTIOUS DISEASES.

The following infectious diseases were notified by the schools:—

Measles .....	349
Whooping Cough .....	18
Chickenpox .....	74
Mumps .....	21
German Measles .....	4
Scarlet Fever .....	8

Notifications of most infectious diseases showed a decrease compared with 1957. A minor epidemic of measles which started at the end of the previous year continued during 1958 and affected chiefly the south of the Island.

An outbreak of infective hepatitis (epidemic catarrhal jaundice) was confined almost entirely to the north of the Island. A large number of cases were notified and attendances at schools in the north were seriously affected.

No cases of diphtheria occurred amongst school children but the number protected against this disease continues to remain too low.

The Scheme for the vaccination of children against poliomyelitis organised by the Health Services Board through the Medical Officer of Health continued during the year. A total of 3,572 children born between 1943 and 1958 received injections and 130 received, in addition, a third injection as a "booster" dose.

It is pleasant to report that there were no cases of poliomyelitis occurring amongst school children and that there were many more applications for protection by vaccination than in the previous year.

### PHYSICAL EDUCATION.

I am indebted to the Organiser of Physical Education for the following report:—

"Most of our Infants' Schools have now been provided with some form of portable apparatus—benches, climbing frames, agility mats—in order to give them opportunities for gradual development through guided play.

The Primary Schools have the use of the more difficult apparatus for free activities and their lessons also include more formal exercises.

The Secondary Schools have their gymnasias and specialist teachers.

All children do some form of dance—Music and Movement from the B.B.C. Schools Programmes, Folk Dancing, Modern Educational Dance—giving them opportunity for self-expression and rhythmic movement.

Outdoor activities comprise relay games, minor team games, athletics, and seasonal sports. Schools with an attached playing field, however small, benefit greatly; others use public playing fields.

Our swimming baths are well used by secondary school children and youth clubs."

### MILK AND SCHOOL MEALS.

I am grateful to the Organiser of Domestic Subjects and School Meals for the following report:—

"To try to increase the portion of meat served in the school meal a new method of contracting for the meat supply was adopted. Suppliers were given quantities and types of meat required for each school and asked to quote the price per pound at which they were prepared to supply Grade A meat. This method gave a reduction in overall price which enabled a larger portion of meat to be served per head.

Excellent portions of fresh fish were supplied and served each week, this being a very popular dinner. The fish was fried and served with creamed potatoes, peas, and tomato sauce, followed by lemon meringue pie or fruit salad and custard—a really pleasing and satisfying meal.



Refrigerators have enabled us to serve a greater variety of cold puddings which are greatly appreciated by the children.

The number of meals being served daily was:—

Ramsey Grammar School (Senior Department) ...	154
Ramsey Grammar School (Junior Department) ...	140
Albert Road School (served from Ramsey Grammar School)	116
High School for Boys (St. Ninian's Section) (serving Braddan, Onchan, and Kewagie)	286
High School for Girls (Park Road Section) .....	173
Ballakermeen School .....	281
Castle Rushen High School .....	355
Victoria Road School, Castletown (serving Ballasalla and Santon Schools)	101
Laxey School (serving Dhoon School) .....	116
Peel Clothworkers' School (serving Patrick, Foxdale, Marown, and St. John's Schools)	208
Rushen Primary School .....	161
	<hr/> 2,091 " <hr/>

#### Milk.

Approximately 2,300 third-of-a-pint bottles of T.T. or Pasteurized milk were delivered daily to schools in all parts of the Island and about 1,000 of these were supplied to children free of charge.

#### SPECIAL MEDICAL EXAMINATIONS.

One hundred and two children who were examined in connexion with the issue of Employment Certificates were found to be fit. Twenty-nine children were examined prior to dental treatment under a general anæsthetic.

Twenty-one candidates for Teachers Training Colleges were examined and found to be fit.

No specific complaint was found in 77 children who were examined as special cases.

One hundred and forty-three examinations of 51 children boarded out by the Education Authority were made.

Other special examinations were made at the request of the Juvenile Court Magistrates, to ascertain the fitness of a child for admission to a children's home or special school, or for various other reasons.

#### HANDICAPPED PUPILS.

##### Blind Children.

One child who had been accepted for St. Vincent's School for the Blind and Partially Sighted, West Derby, Liverpool, was admitted in September, 1958, when he reached the age of five years.

### **Partially Sighted Children.**

Five children attending ordinary schools and two pre-school children were registered as partially sighted. Education in a special school at some future date is always a possibility for some of these children.

Six children with advanced myopia attended ordinary schools and remained under continual observation by the Eye Specialist in case special education might have to be considered.

### **Deaf Children.**

One child continued to attend the Royal Residential Schools for the Deaf in Manchester. One girl finished her training as a dressmaker and left the Henry Worrall Training School for Elder Girls during the year.

One pre-school child who is almost completely deaf was admitted to Dockray House Nursery School, Cheadle Hulme, Cheshire (a nursery school for deaf children) during the year. He was also supplied with a hearing aid.

### **Partially Deaf Children.**

Two pupils at ordinary schools were classed as partially deaf. One of these left school during the year. One boy of school age who was also mentally retarded as well as deaf was admitted to Bridge House School, Harewood, Nr. Leeds, in April.

### **Epileptics.**

Eleven children known to suffer from epilepsy were in attendance at ordinary schools. One of these children left school during the year.

One girl, resident at an epileptic colony in the south of England, reached the age of 16 in December, was transferred to the care of the Board of Social Services, and will return to the same school for a training course in commercial subjects.

One boy was admitted to the Maghull Homes for Epileptics in April but was withdrawn after a short time at the Head Teacher's request because of behaviour problems.

### **Mentally Handicapped Children.**

Twenty-six children were classified as ineducable and were unfit to attend school because of their mental defects. Some of these children have physical as well as mental defects. Eleven school children would benefit more from training than from education. With one exception, all these children would be suitable for admission to an Occupation Centre subject to their parents willingness.

Eight children of pre-school age were noted as being more suited to Occupation-Centre training than to ordinary education.

Twenty-five children were kept under observation because of their low-grade mentality and were classified as educationally subnormal.



One boy continued in attendance at a residential school in Liverpool.

A boy who was already under observation because of his mental retardation was excluded from school because of behaviour problems.

#### **Maladjusted Children.**

Eighteen children were registered as maladjusted. One of these was in attendance at a special school in Liverpool and another who was under treatment at a hospital school there returned home towards the end of the year.

#### **Physically Handicapped Children.**

Thirty-five pupils at ordinary schools, some of whom would be suitable for special schools, and eight pre-school children were noted as being physically handicapped.

Eight physically-handicapped children were unfit to attend school. One girl in attendance at a school for adolescent spastics in Kent was recommended for further education and transferred to the care of the Board of Social Services. A girl with heart disease who had been attending a hospital school for heart cases returned home during the year.

Nine diabetic children were fit to attend ordinary schools.

#### **Speech Defects.**

Fifty-six children with various types of defective speech were seen during the year. Some of these children would benefit from speech therapy.

# Isle of Man Education Authority

## MEDICAL INSPECTION RETURNS

### STATISTICAL TABLES

Year ended 31st December, 1958.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL  
SCHOOLS).

**A. PERIODIC MEDICAL INSPECTIONS.**

Age groups inspected and Number of Pupils examined in each	
Five year old Group .....	631
Eight year old Group .....	642
Twelve year old Group .....	703
Fifteen year old Group .....	492
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Total ...	2,468
Additional Periodic Inspections .....	76
	<hr/>
Grand Total ...	2,544

**B. OTHER INSPECTIONS.**

Number of Special Inspections .....	728
Number of Re-Inspections .....	4,432
	<hr/>
	5,160

**C. PUPILS FOUND TO REQUIRE TREATMENT.**

Number of individual Pupils found at Periodic Medical Inspection to require  
treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected	For defective vision (excluding squint)	For any o the other conditions recorded in Table IIIA	Total individual Pupils
(1)	(2)	(3)	(4)
Five year old Group .....	—	28	28
Eight year old Group .....	17	30	47
Twelve year old Group .....	25	21	46
Fifteen year old Group .....	16	8	24
	<hr/>	<hr/>	<hr/>
Total .....	58	87	145
Additional Periodic Inspections .....	9	5	14
	<hr/>	<hr/>	<hr/>
Grand Total .....	67	92	159



**D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS  
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.**

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Five year old Group .....	631	631	100.00	—	—
Eight year old Group .....	642	642	100.00	—	—
Twelve year old Group .....	703	701	99.72	2	.28
Fifteen year old Group .....	492	492	100.00	—	—
Additional Periodic Inspections	76	76	100.00	—	—
Total .....	2,544	2,542	99.92	2	.08

**TABLE II.**

**INFESTATION WITH VERMIN.**

(1) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .....	31,807
(2) Total number of individual pupils found to be infested .....	228
(3) Total number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2) Education Act, Isle of Man, 1949) .....	Nil
(4) Total number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3) Education Act, Isle of Man, 1949) .....	Nil

**TABLE III.**  
**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE**  
**YEAR ENDED 31st DECEMBER, 1958.**

**A. PERIODIC INSPECTIONS.**

Defect Code Number	DEFECT OR DISEASE	Periodic Inspections				Total (in- cluding all age groups inspected)	
		Entrants		Leavers			
		Requiring T- reatment	Requiring Observation	Requiring T- reatment	Requiring Observation	Requiring T- reatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin .....	3	12	1	12	8	43
5	Eyes :—						
	(a) Vision .....	—	6	16	95	67	244
	(b) Squint .....	8	21	—	5	16	61
	(c) Other .....	—	9	2	4	4	23
6	Ears :—						
	(a) Hearing .....	—	6	—	5	—	19
	(b) Otitis Media ....	2	5	2	3	5	19
	(c) Other .....	2	6	1	8	9	47
7	Nose or Throat .....	7	96	1	14	23	194
8	Speech .....	4	25	—	3	4	45
9	Lymphatic Glands .....	—	34	—	2	—	66
10	Heart .....	—	29	—	12	—	82
11	Lungs .....	—	25	—	14	—	83
12	Developmental :—						
	(a) Hernia .....	2	5	—	1	3	11
	(b) Other .....	—	3	—	—	—	19
13	Orthopædic :—						
	(a) Posture .....	—	3	—	11	4	43
	(b) Flat foot .....	2	5	—	1	2	11
	(c) Other .....	4	60	2	32	18	238
14	Nervous System :—						
	(a) Epilepsy .....	—	—	1	1	1	2
	(b) Other .....	—	5	—	1	—	10
15	Psychological :—						
	(a) Development ....	—	6	—	17	—	64
	(b) Stability .....	—	11	—	—	—	24
16	Abdomen .....	—	1	—	2	—	9
17	Other .....	—	9	21	19	46	112



**B. SPECIAL INSPECTIONS.**

Defect Code No.	DEFECT OR DISEASE	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin .....	28	6
5	Eyes :—		
	(a) Vision .....	62	16
	(b) Squint .....	11	4
	(c) Other .....	30	13
6	Ears :—		
	(a) Hearing .....	5	9
	(b) Otitis Media .....	2	—
	(c) Other .....	60	5
7	Nose or Throat .....	50	26
8	Speech .....	1	3
9	Lymphatic Glands .....	—	5
10	Heart .....	—	2
11	Lungs .....	—	11
12	Developmental :—		
	(a) Hernia .....	—	1
	(b) Other .....	—	2
13	Orthopædic :—		
	(a) Posture .....	—	3
	(b) Flat foot .....	—	—
	(c) Other .....	43	21
14	Nervous System :—		
	(a) Epilepsy .....	1	1
	(b) Other .....	—	3
15	Psychological :—		
	(a) Development .....	5	15
	(b) Stability .....	3	6
16	Other .....	41	54

**TABLE IV.**

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).**

**GROUP I.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint .....	735	3
Errors of refraction (including squint) ...	775	15
Total ...	1,510	18
Number of pupils for whom spectacles were prescribed .....	304	—

**GROUP II.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.**

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment :—		
(a) for diseases of the ear .....	1	—
(b) for adenoids and chronic tonsillitis .....	67	6
(c) for other nose and throat conditions .....	14	—
Received other forms of treatment .....	1,002	—
Total .....	1,084	6
Total number of Pupils in schools who are known to have been provided with hearing aids :—		
(a) in 1958 .....	1	—
(b) in previous years .....	1	—

**GROUP III. ORTHOPÆDIC AND POSTURAL DEFECTS.**

	by the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments .....	203	31

**GROUP IV. DISEASES OF THE SKIN** (excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm : (i) Scalp .....	1
(ii) Body .....	7
Scabies .....	3
Impetigo .....	32
Other skin diseases .....	640
Total ...	683

**GROUP V. CHILD GUIDANCE TREATMENT.**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .....	1
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**GROUP VI. SPEECH THERAPY.**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .....	—
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## GROUP VII. OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority .....	6,699
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	1
(c) Pupils who received B.C.G. vaccination .....	—
(d) Other than (a), (b) and (c) above (specify) .....	—

**TABLE V.**

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections .....	6,904
(b) As Specials .....	974
	<hr/>
Total (1) ...	7,878
(2) Number found to require treatment .....	4,691
(3) Number offered treatment .....	3,451
(4) Number actually treated .....	3,502
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) below .....	9,789
(6) Half days devoted to : Periodic (School) Inspection .....	52
Treatment .....	1,391
	<hr/>
Total (6) ...	1,443
(7) Fillings : Permanent Teeth .....	4,203
Temporary Teeth .....	523
	<hr/>
Total (7) ...	4,726
(8) Number of teeth filled : Permanent Teeth .....	4,031
Temporary Teeth .....	514
	<hr/>
Total (8) ...	4,545
(9) Extractions : Permanent Teeth .....	2,068
Temporary Teeth .....	3,332
	<hr/>
Total (9) ...	5,400
(10) Administration of general anæsthetics for extraction .....	1,100
(11) Orthodontics :	
(a) Cases commenced during the year .....	74
(b) Cases carried forward from previous year .....	36
(c) Cases completed during the year .....	43
(d) Cases discontinued during the year .....	12
(e) Pupils treated with appliances .....	69
(f) Removable appliances fitted .....	68
(g) Fixed appliances fitted .....	1
(h) Total Attendances .....	869
(12) Number of pupils supplied with artificial dentures .....	51
(13) Other operations : Permanent Teeth .....	8,566
Temporary Teeth .....	625
	<hr/>
Total (13) ...	9,191







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